



**STATE OF NEW HAMPSHIRE
EXECUTIVE BRANCH ETHICS COMMITTEE COMPLAINT FORM**

Use this form to report a violation of RSA 21-G:21-27, RSA 15-A, RSA 15-B, or a State Agency Ethics Code

COMPLAINANT INFORMATION

Name _____ Title/Position/Agency (If applicable) _____
Address _____ Phone _____
City _____ State _____ Zip Code _____
Email Address _____

PERSON AGAINST WHOM COMPLAINT IS BROUGHT

Name _____ Agency/Title/Position Held (If known) _____
Contact Information (if known) _____
City _____ State _____ Zip Code _____

STATEMENT OF FACTS

Date and Time of Violation _____

Location of Violation _____

Please explain the basis for your complaint. If necessary, attach additional sheets.

Names and phone numbers of witnesses or other victims: _____

State Statute or Ethics Code you believe was violated (if known): _____

SIGNATURE

By signing and filing this complaint, you are stating under penalty of law that the information you are providing is true and correct to the best of your knowledge.

Signature _____ Date _____

THE STATE OF NEW HAMPSHIRE

_____, ss

On the _____ day of _____, 20__ before me, _____ (*Print name of Notary Public/Justice of the Peace*), the undersigned officer, appeared _____, (*Print name of person filing the complaint, whose signature is being notarized*) (known to me) (or satisfactorily proven)(*circle one*) to be the person whose name appears above, and s/he subscribed his/her name to the foregoing complaint and swore that the facts contained in this Affidavit are true to the best of his/her knowledge and belief.

Notary Public/Justice of the Peace

My Commission expires: _____ (*seal*)

If additional pages are used, both the complainant and the Notary Public/justice of the Peace must sign and date each page.

Submit to:

Executive Branch Ethics Committee, 33 Capitol Street, Concord, New Hampshire 03301